

Criteria Checklist
Alabama Medicaid Agency
Continuous Positive Airway Pressure (CPAP) Device & Related Supplies
Children under the age of 21 and EPSDT eligible

PREREQUISITE CRITERIA *All of the following **must** be met with supporting documentation*:*

- ☐ Patient is Medicaid eligible
 - ☐ Patient has a current EPSDT screening
 - ☐ Physician specializing in pulmonary, neurology or a board certified sleep specialist documents* all of the following conditions:
 - ☐ Patient has been diagnosed with obstructive sleep apnea, upper airway resistance syndrome, or mixed sleep apnea
 - ☐ Diagnosis supported by associated signs and symptoms of **one** of the following that can be documented* to improve or maintain airway patency and oxygenation through the use of CPAP:
 - Craniofacial malformations
 - Neuromuscular disorders
 - Cardiopulmonary or metabolic disorders
 - Morbid obesity or adenotonsillar hypertrophy
 - Tracheomalacia
 - Tracheostomy complications
 - Other anomalies of the larynx, trachea and bronchus
 - ☐ Results from a sleep study, conducted within the last six months, recorded for at least 360 minutes or 6 hours
- OR**
- ☐ Results from a sleep study recorded for at least 240 minutes or 4 hours for patients less than six months old

RECERTIFICATION DOCUMENTATION *All of the following **must** be submitted with supporting documentation*:*

- ☐ Statement from the patient's physician indicating the patient's overall condition remains the same and CPAP continues to be medically necessary
- ☐ Patient is compliant with use of CPAP which is documented with a smart card
- ☐ Patient uses CPAP at least four hours per night, 50% of nights covered
- ☐ A repeat sleep study is required if the last study was conducted more than two years ago

DIAGNOSIS CODES

Please refer to Chapter 14 of the Provider Manual for the ICD-10 crosswalk codes.

PROCEDURE CODES

E0601, A7030, A7032 – A7039, A7044, A7046, E0550, E0561, E0562

Maximum yearly limits apply to each of the procedure codes indicated above. Requests for replacement of E0601 will be limited to once every eight years based on a review of submitted documentation* requested. Requests for replacement of E0561 will be limited to once every three years based on a review of submitted documentation* requested.

**Documentation may include notes from the patient chart.*